

To: AmeriHealth Caritas Pennsylvania (PA)/AmeriHealth Caritas PA Community HealthChoices (CHC) DME Providers

Date: April 4, 2023

Re: Incontinence Prior Authorization Policy Reminder

As indicated in your AmeriHealth Caritas PA and AmeriHealth Caritas PA CHC provider manual the following is the incontinence supply prior authorization policy that must be adhered to. Claims submitted without prior authorization as outlined below will be denied.

For AmeriHealth Caritas PA CHC Participants: Prior authorization is required. Requests are reviewed for medical necessity for diapers/pull-up diapers as follows:

- More than 300 generic diapers and/or pull-up diapers per month.
- Brand-specific diapers.

For AmeriHealth Caritas PA Members (age 3 and over): Prior authorization is required for any quantity of diapers/pull-up diapers supplied by a DME Provider, other than J&B Medical Supply. The prior authorization criteria listed below applies to J&B Medical Supply.

- More than 300 generic diapers and/or pull-up diapers per month.
- Brand-specific diapers.

If you have any questions regarding this notice, please contact your Provider Account Executive or Provider Services at 1-800-521-6007.